## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>7-17-10</u>	Address:	Lincoln Hwy W. of Tulip
Case #:	<u>24-31703</u>		Plymouth, IN 46563
County:	<u>Marshall</u>		
	boratory Seizure (check one)	Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other:</li></ul>
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents: Open air			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia: Open Air			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base: Open Air			
Other (item and location):			
☐ Yes ⊠ No	er age 18 discovered (check one) (number present)  port to Child Protective Services	Ephedring Retail/Me	e <b>Information</b> e/Pseudoephedrine Tracking Log erchant Tip <u>izen Complaint</u>
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: Plymouth Fire	Fax: <u>574-9</u>	
Health Depa	artment: Marshall County	Fax: <u>574-9</u> Fax: N/A	<u>36-9247</u>
Child Prote	ction Service: <u>N/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr. Keith Bikowski</u> Phone <u>574-546-4900</u>			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.